

READINESS FOR HOSPITAL DISCHARGE SCALE – ADULT – MD ASSESSMENT SHORT FORM ©

You are being asked to assess the readiness for discharge of your hospitalized patient. Please complete the form within the 4 hours before the patient leaves the hospital.

Please fill in the circle next to your answer. The answers are on a 10-point scale from 0 to 10. The words below the number indicate what the 0 or the 10 means. Pick the number between 0 and 10 that best describes how you feel. For example, circling number 7 means you feel more like the description of number 10 than number 0 but not completely.

1. How physically ready is your patient to go home?	0 1 2 3 4 5 6 7 8 9 10 Not ready Totally ready
2. How would you describe your patient's energy today?	0 1 2 3 4 5 6 7 8 9 10 Low energy High energy
3. How much does your patient know about problems to watch for after going home?	0 1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
4. How much does your patient know about restrictions (what he/she is allowed and not allowed to do) after going home?	0 1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
5. How well will your patient be able to handle the demands of life at home?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
6. How well will your patient be able to perform his/her personal care (for example, hygiene, bathing, toileting, eating) at home?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
7. How much help will your patient have if needed with his/her personal care after going home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
8. How much help will your patient have if needed with his/her medical care needs (treatments, medications)?	0 1 2 3 4 5 6 7 8 9 10 None A great deal